

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10	1						60					
11			1				61					
12				1			62					
13					1		63					
14						1	64					
15							65					
16							66					
17							67					
18							68					
19							69					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2		1				Total Indep					
Total Depend	8	3					Total Depend					
Total Claims	10	4					Total Claims					

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